



Community Health Needs Assessment (CHNA)

Implementation Strategy

Fiscal Years FY26-28



Johnson Memorial Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on July 24th, 2025. Johnson Memorial Hospital performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at <https://www.trinityhealthofne.org/about-us/community-benefit/community-health-needs-assessments> or printed copies are available at:

Trinity Health Of New England Community Health and Well Being 659 Tower Ave 1st Hartford, CT 06112

Our Mission

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We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Our Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- **Safety:** We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

Our Hospitals

Johnson Memorial Hospital and Home & Community Health Services provide a continuum of health care services to those living and working in north central Connecticut and western Massachusetts. In 2016, Johnson Memorial Hospital and Home & Community Health Services became part of Trinity Health Of New England, which includes the hospitals of Saint Francis, Mount Sinai, Saint Mary's, and Mercy Medical Center. This integrated health care delivery system a member of Trinity Health, Livonia, Michigan, one of the largest multi-institutional Catholic health care delivery systems in the nation serving communities in 26 states.



The 92-bed hospital and home health and hospice agency have been anchor institutions in north

central Connecticut for more than 100 years. Services include a medical-surgical unit as well as an ICU, an emergency department, cardiac rehabilitation, physical therapy, wound center, and other outpatient services.

The newest addition to services is the Geriatric Wellness Unit is a Medicare-certified service designed to diagnose and treat the complex problems related to individuals 55 years and older.

A multidisciplinary team provides an individualized treatment plan based on comprehensive diagnostic procedures. Once a problem is identified, the team in collaboration with family and loved ones put in action a plan that is carried with compassion and guided by experts in the field.

Some of the unique features of the Geriatric Wellness Unit include: Comprehensive medical and psychological evaluation; Individualized treatment plan; Individual, group and family therapy; Activity therapy; Therapeutic exercise/stress reduction; Medication management and education.

Our Community

- Stafford is a town of 11,472 residents, 12 percent of whom are people of color. The town's population has decreased by 5 percent since 2010.
- Of the town's 4,747 households, 77 percent are homeowner households.
- Twenty-eight percent of Stafford's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- Ninety-five percent of public high school seniors in the class of 2021 in the Stafford School District graduated within four years.
- Among the town's adults ages 25 and up, 26 percent have earned a bachelor's degree or higher.
- Stafford is home to 3,043 jobs, with the largest share in the Manufacturing sector.
- The median household income in Stafford is \$85,684.
- As of 2015, Stafford's average life expectancy was 78 years.
- Fifty-nine percent of adults in the Capitol Planning Region say they are in excellent or very good health.
- Eighty-four percent of adults in the Capitol Planning Region are satisfied with their area, and 53 percent say their local government is responsive to residents' needs.
- In the most recent state election, 64 percent of registered voters in Stafford voted.
- Fifty-eight percent of adults in Capitol Planning Region report having stores, banks, and other locations in walking distance of their home, and 68 percent say there are safe sidewalks and crosswalks in their neighborhood.

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation’s definition of Health Equity - “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health and Social Needs of the Community

The CHNA conducted in early spring of 2025 identified the significant needs for health and social drivers of health within the Stafford Springs community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Affordable, stable, and high-quality housing

- Housing was top of mind for residents. Sub-themes that emerged from the community focus groups included the need for affordable housing; problems with housing quality; housing instability, evictions, and homelessness; housing discrimination and negative or harmful landlord-tenant relationships; and high utility costs. In every focus group, residents repeatedly brought up the high cost of renting or purchasing a place to live in the Capitol Planning Region area. They felt that the limited supply of apartments for rent, combined with rental prices and security deposit requirements doubling in recent years, are making it difficult for many people to find stable housing and are a contributing factor to escalating levels of homelessness.

2. Access to care

- Across all of the focus groups, residents discussed the challenges they have when getting to appointments at convenient times due to a shortage of providers, a lack of reliable transportation to provider locations in suburban areas, difficulty making appointments, being able to pay for care or have the insurance necessary to cover the cost of appointments, language barriers, care coordination and
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quality (e.g., people being discharged without proper follow up, too few healthcare staff to provide good service, constantly changing providers, concerns about the quality of prescriptions, mistakes made by health care providers), and accommodation of persons with special healthcare needs, such as members of the LGBTQ+ community or persons at risk of substance use disorder. The cost and accessibility of routine dental care was also mentioned several times. Residents noted how a lack of good access to healthcare contributes to chronic health conditions, such as higher risks from diabetes and heart attacks.

3. Government or institutional responsiveness

- Across many focus groups, residents expressed dissatisfaction with the responsiveness of local government and institutions to their needs. For example, a number of residents said they had been involved in focus groups or advocacy efforts in the past but that they felt like their voices had not been heard by decision makers. Some residents noted that it was difficult to reach leaders or staff who might be able to address a problem, and also that services like safety net benefits were difficult or time-consuming to access. Additional sub-themes within this topic included cultural competency and language barriers (such as the failure to engage ethnic or sexual/gender minorities, persons who do not speak English, or persons with limited education levels, in positive ways)
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4. Services and support for children and young adults

- Residents frequently noted the challenges of raising children in the Capitol Planning Region. Challenges that were noted by several participants included lack of time for parents and caregivers because of the stress of working multiple jobs or other issues, the high cost of childcare, the high cost of supplying food and diapers to children, the availability and/or cost of after school programs that enable parents to work and ensure their kids are safe, the lack of support for youth facing mental health challenges, youth drug use (tobacco, vaping, alcohol, cannabis), negative peer pressure, the quality of schools, and concerns about how children were affected by gun violence or were not allowed to leave their homes because of safety concerns. Additionally, participants mentioned that many parents or caregivers are not informed about the importance of providing preventive healthcare to children.
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5. Neighborhood environment and safety

- Residents expressed isolation could be a concern due to the lack of community services and gathering places. Many
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residents expressed concerns about the availability of guns, including “military-grade weapons,” which cause firearm injuries during robberies or instances of intimate partner violence. Safety concerns often disrupt residents’ ability to make use of parks, go for walks, or access other services. Additional sub-themes within this topic included risks from air and water pollution and the presence of many abandoned buildings and empty lots

6. Mental health and substance use disorder

- Focus group participants often noted that mental health challenges and addiction were widespread within the community. Many residents talked about how everyday stress, such as the inability to pay for extremely high housing costs, can lead to depression or drug use. While some participants described a lack of providers and issues around accessibility for mental and behavioral health services (such as counseling and smoking cessation). Most concerns related to substance use centered around alcohol and tobacco use, particularly the ease of accessing tobacco, or around the impact of fentanyl overdoses. Some residents noted that healthcare providers could partner with faith-based communities to be better equipped to respond to such widespread mental health challenges.
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7. Transportation access

- While no single group explored this topic in depth, transportation barriers were mentioned repeatedly in every community focus group. Many residents agreed with the frequent comments that the transportation system was unreliable, especially outside of the Capitol. These challenges made it difficult for children and adults to get to services, access jobs, or find social and recreational opportunities. Some residents noted that “dial a ride” or taxi services were an asset in allowing them to access health care, food, and other services, while others felt that they were extremely unreliable. Participants noted that transportation barriers were particularly pronounced for seniors and individuals with disabilities. A few residents also raised the cost of bus tickets as a concern
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8. Food insecurity

- In some focus groups, residents noted that food costs have been rising, making it difficult for people to afford nutritious foods on a regular basis, and contributing to obesity and poor cardiovascular health. Similar to housing insecurity, residents noted that food insecurity makes it difficult for families and children to focus on other needs such as getting health care or studying for school. Frequently, this topic was also raised as an issue involving the locations of stores and the lack of transportation access to get to stores that sell high-quality food, as noted above
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9. Impacts of changing federal or policy landscape

- One topic that emerged across focus groups was a general concern that services have been severely impacted, or would be impacted, by changes at the federal level in 2025. Residents mentioned that
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programs like Meals on Wheels, STI testing, food pantries, and services for LGBTQ+ individuals have already been cut back. In addition, issues related to immigration enforcement and ICE raids, potentially impacting many immigrants and people of color, emerged as an important sub-theme in many discussions, especially in focus groups with immigrants and Spanish-speaking residents

10. Social support

- Many residents spoke about the importance of mechanisms that provide social support, both as a community asset (supporting access to information, encouraging exercise and socializing, and building a sense of community) and as a need experienced by their communities. Some residents felt isolated, or that they did not know their neighbors. Residents mentioned a need for more facilities for social gatherings, especially for youth, seniors, and persons with disabilities or other special needs. Some residents felt that these types of facilities could become more important over time if the social safety net becomes more frayed.
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11. Access to information and education

- Residents often expressed that information is difficult to find or not readily available when needed. This topic also encompasses health literacy. There was a general perception that some residents do not understand how to take care of their health, how to find services for their children, how to secure employment or basic goods and services, or how to deal with a variety of crisis situations, and who may need advocates to be able to speak on their behalf. Advertising and outreach were mentioned as approaches that could be valuable for sharing information, but they currently tend to be ineffective due to limited funding. The digital divide was mentioned as a potential barrier to accessing information, particularly for older adults.
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Hospital Implementation Strategy

Significant health and social needs to be addressed

Johnson Memorial Hospital, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- 1 Access to Care – CHNA pages 9,13,14,47,48
- 2 Mental health and substance use disorder – CHNA pages 9,13,16
- 3 Affordable, stable, and high-quality housing - CHNA pages 14

Significant health and social needs that will not be addressed

Johnson Memorial Hospital acknowledges the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those needs which are the most pressing, under-addressed and within its ability to influence. Johnson Memorial Hospital does not intend to address the following needs:

- **Government or institutional responsiveness-** there are several civic engagement groups that are involved in providing community feedback & advocacy to local leaders.
- **Services and support for children and young adults-** there are a number of agencies and community-based organizations including schools & churches addressing these issues around affordable childcare and support for young adults
- **Neighborhood environment and safety-** Stafford Springs' neighborhood safety initiatives focus on law enforcement partnerships, drug abuse prevention, and emergency management. These include the Stafford Coalition Against Drug Abuse (SCADA), which works on prevention strategies, and law enforcement programs like a Prescription Drug Drop Box and a partnership with the Justice Education Center's Project Safe Neighborhoods. The town also has an Emergency Management plan and a Safe School Climate Plan for Stafford High School
- **Transportation access-** Connecticut's Transportation Rural Improvement Program (TRIP) has opened a trail stretching nearly a mile, the trail connects Stafford Middle and High Schools, giving students, families and residents a much-needed safe space in an area where traffic has been a concern. The Transportation Benefit Program offers convenient and no-cost transportation services for older adults
- **Food insecurity-**There are several initiatives and programs that are addressing food insecurity such as Mobile Foodshare which is a program run by Community Renewal Team (CRT) that provides food assistance every other week to those experiencing food insecurity.
- **Impacts of changing federal or policy landscape-** there are a number of initiatives that are being addressed at the state level to support impacts of services from the federal level.
- **Social support-** Stafford Springs recently opened the TRIP trail that is there to foster sense of community and socialization as well as encourage exercising
- **Access to information and education-** Johnson Memorial has language access services that support

health literacy and has behavioral health resources in the event of a crisis accessing telehealth.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community

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Access to Care



Goal: Increase and expand timely access to care for rural residents using tele-health

CHNA Impact Measures	FY26 Baseline	FY28 Target
Increase telehealth utilization for seniors, veterans, and adults in Stafford by expanding EHR capabilities and virtual care access, aiming for a 50% rise in completed telehealth visits within 24 months. Progress will be tracked through our EHR system.	N/A	50%

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
	Y1	Y2	Y3			
Expand access to preventive and primary care services by increasing availability of telehealth appointments, extending clinic hours, and deploying mobile health units in rural areas	X	X	X	Johnson Memorial Hospital	In Kind Staff Resource	
	X	X	X	Emergency Medical Services (EMS)	In kind staff resource	
	Focus location(s)				Focus Population(s)	
	06077, 06075, 01081, 06279, and 01521				Seniors, veterans, adults	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
Provide hands-on telehealth tutorials and support, both virtual and in-person.	X	X	X	Johnson Memorial Hospital	In Kind Staff Resource	
	X	X	X	Emergency Medical Services (EMS)	In kind staff resource	
	Focus location(s)				Focus Population(s)	
	06077, 06075, 01081, 06279, and 01521				Seniors, veterans, adults	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)		
	Y1	Y2	Y3			
Track telehealth usage patterns to reach out for missed preventive screenings—like annual physicals or chronic disease checks.	X	X	X	Johnson Memorial Hospital		
	X	X	X	Emergency Medical Services (EMS)		
	Focus location(s)					
	06077, 06075, 01081, 06279, and 01521					
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)		
Provide hands-on telehealth tutorials and support, both virtual and in-person.	X	X	X	Johnson Memorial Hospital		
	X	X	X	Emergency Medical Services (EMS)		

Focus location(s)

06077, 06075, 01081, 06279, and 01521

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Mental health and substance use disorder



Goal: Increase Alcohol Use Disorder (AUD) screening by 10% with the Audit C tool from baseline for women over age 18 and those able to respond to the survey (over the course of 3 years)

CHNA Impact Measures	FY26 Baseline	FY28 Target
Increase screening of patients for AUD, focusing on all women over the age of 18 who present to Johnson Memorial Hospital in the Stafford Springs and Enfield area	N/A	10% increase in our EHR.
Provide ongoing, targeted training for nurses, physicians, and social workers at Johnson Memorial Hospital locations in Stafford Springs and the Enfield area on administering AUD screenings, accurately interpreting results, and delivering culturally competent communication	N/A	10% increase in our EHR.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
	Y1	Y2	Y3			
Utilize CCAR (<i>Connecticut Community Addiction Recovery</i>) and refer patients who require withdrawal management for AUD to crisis clinicians to assist in coordinating transfer to a detoxification unit.	X	X	X	Connecticut Community Addiction Recovery	In kind staff resources	
	X	X	X	Johnson Memorial Hospital	In kind staff resources	
	Focus location(s)				Focus Population(s)	
	06077, 06075, 01081, 06279, and 01521				All women over the age of 18 that present to Johnson Memorial Hospital	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
	Y1	Y2	Y3			
Increase mentorship, support, and retention of rural caregivers	X	X	X	Johnson Memorial Hospital	In kind staff resources	
	x	x	x	Connecticut Community Addiction Recovery	In kind staff resources	
	Focus location(s)				Focus Population(s)	
	06077, 06075, 01081, 06279, and 01521				All women over the age of 18 that present to Johnson Memorial	

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Affordable, stable, and high-quality housing



Goal: Advocate for policy changes in affordable housing

CHNA Impact Measures	FY26 Baseline	FY28 Target
Recruitment of community-based organization and resident advocates within the Enfield and Stafford Springs Area	N/A	10

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Develop a local community coalition to advocate for affordable housing in Stafford Springs	X	X	x	Johnson Memorial Hospital	In kind resources
	X	X	X	United Way Central & Northeastern	In kind resources
	X	x	X	Stafford Springs Housing Authority	In kind resources
	Focus location(s)				Focus Population(s)
	06077, 06075, 01081, 06279, and 01521				Asset Limited Income Constrained Employed residents

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Sustain the local community coalition to advocate for affordable housing in Stafford Springs over year 3.	X	X	X	Johnson Memorial Hospital	In kind resources
	X	X	X	United Way Central & Northeastern	In kind resources
	X	X	X	Stafford Springs Housing Authority	In kind resources
	Focus location(s)				Focus Population(s)
	06077, 06075, 01081, 06279, and 01521				Asset Limited Income Constrained Employed residents

Adoption of Implementation Strategy

On January 15th, 2026, the authorized body of the Trinity Health Of New England Board reviewed the Saint Francis Hospital Community Health Needs FY 26–28 Implementation Strategy for addressing the community health needs identified in the 2025 Community Health Needs Assessment. Upon review, the authorized body approved this Implementation Strategy and the related budget.



February 5, 2026

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February 5, 2026

